



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/624,451
		Filing Date	July 21, 2003
		First Named Inventor	CHEW, SUNMI
		Art Unit	N/A
		Examiner Name	N.A.
Total Number of Pages in This Submission	2	Attorney Docket Number	021629-000400US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Scott M. Smith, M.D. Reg. No. 48,268
Signature	
Date	3/2/04

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Jodie M. Rivas		
Signature		Date	3/2/04



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT  
Docket No.: 021629-000400US

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On 3/2/04

TOWNSEND and TOWNSEND and CREW LLP

By: [Signature]

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

CHEW et al.

Application No.: 10/624,451

Filed: July 21, 2003

For: APPARATUS AND METHODS FOR  
DELIVERY OF VARIABLE LENGTH  
STENTS

Examiner: Unassigned

Art Unit: Unassigned

STATUS REQUEST

Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The above-referenced application was filed as a patent application on July 21, 2003. To date, representatives for Applicant have not yet received a Filing Receipt or an Office Action from the United States Patent Office. Please advise us of the status of this application. Thank you.

Respectfully submitted,

[Signature]

Scott M. Smith, M.D.  
Reg. No. 48,268

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, 8<sup>th</sup> Floor  
San Francisco, California 94111-3834  
Tel: (415) 576-0200